

Atty. Docket No. 9084/94021

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD FOR THE TREATMENT AND PREVENTION OF ASPHALTENE-PARAFFIN-VAX PRECIPITATES IN OIL-WELLS, WELLHEADS AND PIPELINES BY THE USE OF BIOCOLLOID SUSPENSIONS

the specification of which (check one)

() is attached hereto.

(X) was filed on 4/7/05 as

Application Serial No. 10/530,765

and was amended on _____

(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

That I acknowledge the duty to disclose information known to be material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

P0203394

(Number)

Hungary

(Country)

October 7, 2002

(Day/Month/Year Filed)

YES

P0301225

(Number)

Hungary

(Country)

May 6, 2003

(Day/Month/Year Filed)

YES

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

POWER OF ATTORNEY

I hereby appoint the attorneys associated with Customer Number **24628**, of the law firm of WELSH & KATZ, LTD. with full power of substitution and revocation to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

CORRESPONDENCE ADDRESS

The address associated with

Customer Number:

24628

(WELSH & KATZ, LTD.)

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Should be used for all correspondence in this application.

1-00
Full name of sole or first
joint inventor:

Inventor's signature:

Date:

Mailing Address:

Residence:

Citizenship:

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Full name of sole or second
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Inventor's signature:

Date:

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Residence:

Citizenship:

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22 June 2005

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30
Full name of sole or third
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Inventor's signature:

Date:

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Residence:

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Atty. Docket No. 9084/94021

40 Full name of sole or fourth
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Inventor's signature:

Date:

Mailing Address:

Residence:

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50 Full name of sole or fifth
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Inventor's signature:

Date:

Mailing Address:

Residence:

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22. 06. 2005.

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60 Full name of sole or sixth
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Date:

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Residence:

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22. 06. 2005

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Additional pages listing additional inventors attached (Yes or No) _____